

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101580515

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12		1				
13						
14						
15						
16	1					
17		1				
18						
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20						
21						
22						
23						
24						
25						
26	1					
27		1				
28						
29						
30						
31	1					
32		1				
33						
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35						
36	1					
37		1				
38						
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46						
47						
48						
49						
50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	34	←		←		←
TOTAL CLAIMS	40					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						